

# Louisiana Turning Point

## Policy Work Group Assessment

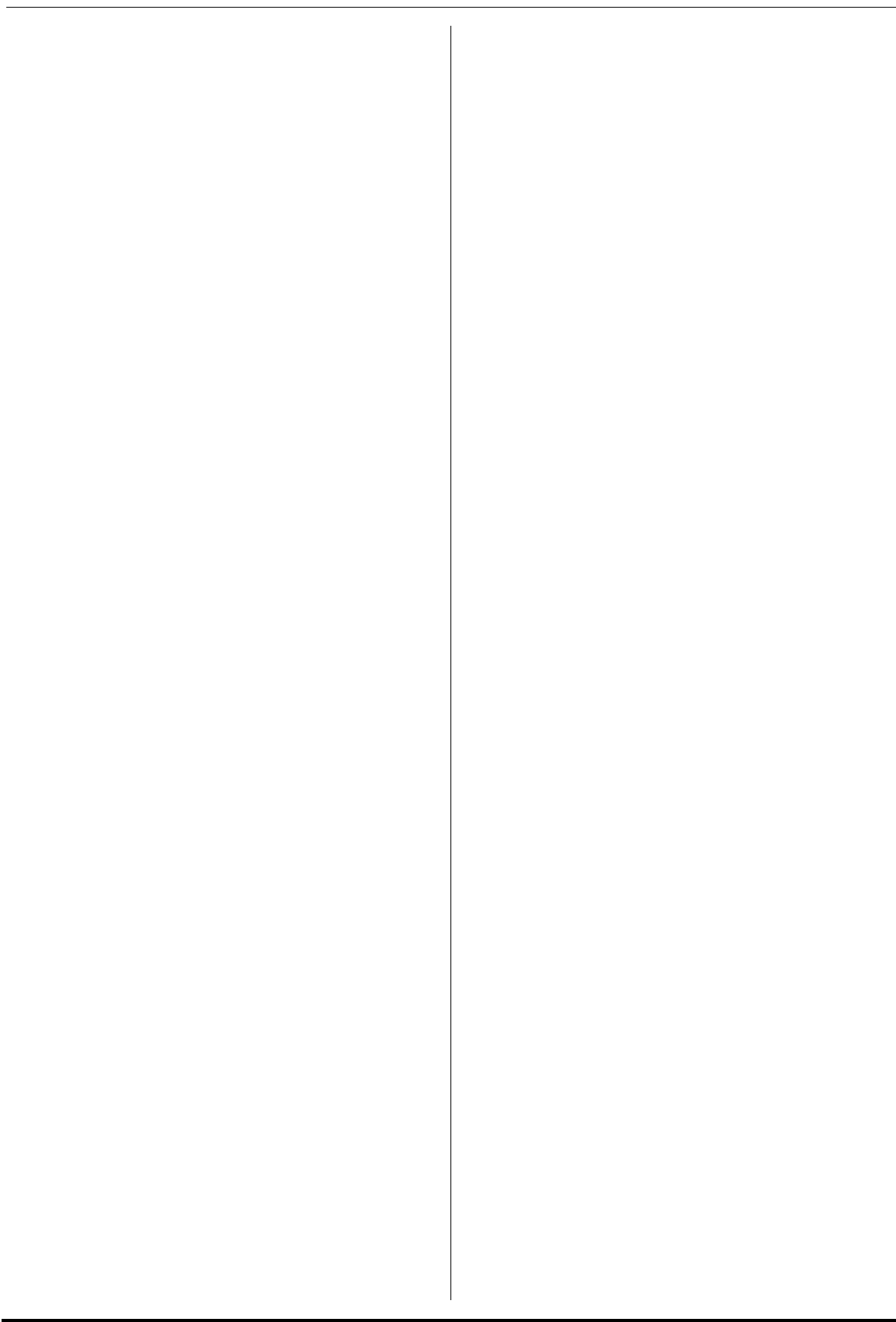
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### Methods of the Turning Point Policy Assessment

#### Talking to policy developers:

The Louisiana Turning Point Policy work group had a brainstorming meeting to compile a list of key policy developers in health and environmental policy. A questionnaire was piloted. Between March and April, 1999, 27 telephone interviews were conducted. The length of the interviews ranged from 15 minutes to 1 hour long. The interviews were transcribed as the interviewees spoke, allowing direct quotes to be documented. The original list of subjects was expanded by a snowball sample, where interviewees suggested other people to include in the assessment survey.

All interviews were reviewed and combined into one document, organized by survey question. Answers were broken down into sentence components. Sentence components were placed in a table and then used to summarize responses. The original interviews were used to provide illustrative quotes.

**Subjects:** The 27 people who were interviewed were involved in policy development in: *environment, chronic disease, disability, public health, maternal child health, family planning, injury prevention, state government, transportation, adolescent health, and infectious disease fields.*

The organizations in which they worked were: *non-profits, federal government, universities, state government, and private consulting.*

They worked as: *lobbyists, citizen advocates, researchers, administrators, professors, lawyers, and legislators.*

#### Talking to the states:

Between February, and March, 1999, in-depth telephone interviews were conducted with each of the 14 State Turning Point Coordinators. The interview was transcribed as the coordinator spoke, which allowed direct quotes to be included in the results. The questionnaire concerned their experiences organizing Turning Point Initiatives and the activities of their state work groups. All 14 coordinators were interviewed. The notes of each interview were e-mailed to the coordinator, who made corrections and e-mailed them back to the interviewer. The corrected notes were used in analysis.

The first report, a summary of the results, was issued to all interviewees and to Louisiana state work groups. A second report was issued with the full text of the transcriptions to each of the state coordinators.

#### Literature review:

Literature on policy development was reviewed. Four models of policy development were identified. One provided steps of the process of policy development and steps for policy assessment:

- Gil, D.G. Unraveling social policy. Theory, analysis, and political action towards social equality. (Fifth edition, revised and enlarged.) Rochester, Vermont. Schenkman. 1992.

- <http://www.ldb.org/pbh7115/lect5.htm>

Four models were used to analyze the question on policy process.

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## Talking to policy developers

### The questionnaire

- Can you define “policy” for me?
- Typically, what kind of policy do you work on? Is it reactive or proactive policy development?
- Who or what in your area/discipline/topic of interest do you believe drives the development of policy? (probe about “funding” if appropriate)
- Do you have a typical scenario or a couple of examples of who is involved in developing policy?
- Can you give an example of how you typically develop policy in health/environment?
- What policy effort, in which you were involved, are you most pleased with?
- Who or what do you think should be involved in making effective health/environmental policy? Is there anyone or anything else that needs to be in place for health/environmental policy to be successful?
- Is there a model that you use when you are developing policy? (Do you have a “best practices”)
- Can you describe a couple examples of policies that didn’t come out the way you had planned? Why did that happen?
- How can those kinds of problems be fixed? (probe for structural changes if appropriate).

We finished the interview asking, “Would you like to review the results of these interviews and the assessment for the Health Improvement Plan?”

### Question: “What is your working definition of policy?”

#### Summary -

Policy is perceived as:

- ① **Rules and regulations;**
- ② **Enacted by one entity upon another;**
- ③ **Policy is for both organizations and for the individual;**
- ④ **Policy developers see policy as the directions that entities need to conduct their actions; and**
- ⑤ **Policy is: created in steps, cost-conscious, and takes place in all levels of an organization.**

#### Discussion of the above points-

- ① **Rules and regulations:**
  - The words that policy developers used to describe “policy” were: “rules, regulations, directions, structures, protocols and processes.”
- ② **Enacted by one entity upon another:**
  - Policy is defined by one entity and acted upon another. The words that policy developers used to describe policy development were that is was: “implemented, taken, established, determined, put into place, stated, set out, proposed,

created, regulated, incorporated, and set forth.”

- Policy is made by: “government, organizations, agencies, society, the system or ‘them.’”

“Policy falls between ‘police’ and ‘politicians’ in the dictionary. Maybe we need to learn something from that. It is making the art of the possible of how to spend the public’s money.”

#### ③ **Policy is for both organizations and for the individual:**

Many definitions described policy as mission-setting for an organization.

- Policy developers described the entities that had to comply with policy as: “government employees, organizations, public enterprises, social services, the state, the individual, and ‘us’ [the people].”

#### ④ **Policy developers see policy as the directions that entities need to conduct their actions:**

- The words that policy developers used to describe the role of policy were that policy: “gives direction, guidance, sets the course, and directs everyday actions.”

#### ⑤ **Policy is: created in steps, cost-conscious, and takes place in all levels of an organization:**

**Definition:** “Health policy embraces courses of action that affect the set of institutions, organizations, services, and funding arrangements of the health care system. It goes beyond health services, however, and includes actions or intended action by public, private and voluntary organizations that have an impact on health.”

- Walt G. Health Policy: An Introduction to Process and Power. pp 41

**Question: “Is the policy you develop (health or environmental policy) reactive or proactive?”**

**Summary -**

- ❶ **Most policy developers were engaged in both reactive and proactive policy development;**
- ❷ **Reactive policy development was not what developers wanted to be doing;**
- ❸ **Developers were engaged in reactive policy development to prevent harmful policies; and**
- ❹ **Policy development is not always a controllable activity.**

**Discussion of the above points -**

- ❶ **Most policy developers were engaged in both reactive and proactive policy development;**
  - The majority of the policy developers who were interviewed were engaged in both proactive and reactive policy development. There were only a few who involved exclusively in either one or the other.
- ❷ **Reactive policy development was not what developers wanted to be doing;**
  - Most developers expressed the attitude that a reactive stance was not their preferred way to conduct policy. Of the people who had mentioned that they were exclusively engaged in reactive policy development, several expressed a

desire to be doing proactive work. Even the respondents who said they did both reactive and proactive policy work added comments about wanting to be more proactive.

“The unfortunate thing with most public health is that we have to have an outbreak in infectious disease before we do something about the prevention for it... Now is that proactive or not? There has to be the problem first, I guess.”

❸ **Developers were engaged in reactive policy development to prevent harmful policies;**

Policy developers’ reactive policy work was to prevent harmful policies from being implemented.

❹ **Policy development is not always a controllable activity;**

Sometimes policy development got out of hand. Proactive policies in some circumstances became

reactive. The loss of control of a piece of policy was regrettable.



**Question: “Who or what in your [area/discipline/topic of interest] do you believe drives the development of policy?”**

**Summary -**

The drivers of policy development in Louisiana are:

- ① **“Powerful people;”**
- ② **Business and industry;**
- ③ **Elected officials;**
- ④ **Special interests;**
- ⑤ **Politics and money;**
- ⑥ **The public;**
- ⑦ **Leadership;**
- ⑧ **Bureaucracies;**
- ⑨ **Inaction or non-decisions; and**
- ⑩ **The deeper societal environment.**

- “...in Louisiana, they are also in business. It is how ...resources are allocated, and how they can influence certain policies and policy making.”

**“It is all about money. The real power lies with the government entities that appropriate the money. The school boards, police juries, legislators, etc.”**

- “I think that overall, in policy, the power is in the organizations that have access to money. Large businesses have that opportunity.”

- “It all depends on connections in business and access to money to influence how policy is directed.”

**Discussion of the above points -**

① **“Powerful people;”**

Many respondents answered that “powerful” people were the drivers of health and environmental policy. These were people who had the wealth, campaign connections, the authority to make legislation, or represented special interests that could benefit decision-makers. The goals of these influential people are at cross-purposes to that of the people affected by legislation.

- “Unfortunately, the influences [of policy] are of people who are more in contact with leadership... that unfortunately applies to civil service, too...”

⑤ **Elected officials:**

Nearly all of the interviewed policy developers spoke about the power of elected officials. Most spoke about legislative policy development in terms of a legislative process. A few made comments about internal agency policies.

- “...those who drive policy are the most influential persons within the policy-making bodies: in the legislature, and are elected officials.”
- “I would say, in Louisiana, nothing gets done without our the governor’s approval and support in the legislature.”

② **Business and industry:**

Policy developers were wary of the influences of business and industry in health and environmental policy development:

④ **Special interests:**

One point of view of an issue gets more attention than other points of view when special interest groups are able to use money and their influence.

## Drivers

- “I think special interest groups that have more access to leadership unduly influence policy. Sometimes it is individuals that have high standing in other fields who get to influence the decisions.”
- “In reproductive health policy, religious organizations have access to resources. They influence the very powerful... Larger religious organizations have access to money.”

### ⑤ **Politics and money:**

Environmental and health policy is driven by money and politics which are at cross-purposes to the good of the community, in the opinion of the interviewed policy developers.

- “It is by contributions to campaigns.”
- “Politics. It is a nebulous word, but very real.”
- “Profit drives things mainly.”

Money does have a role in policy development that is positive:

- “The state budget. That is how it is driven in reality [staying in budget].”

### ⑥ **The public:**

The major split in responses about the public as a policy driver was between the power of the public versus the strength of people who have a vested interest which run counter to the public’s need. There is a fair amount of cynicism about the public’s ability to make an impact on policy decisions, yet a continuing belief in the importance of pursuing more public involvement in policy development.

- “...if my organization can get 100 citizens at a zoning meeting we can influence policy. It is only in the short term. When it gets back to politics it might get overturned, or appealed.”

One interviewee clarified that the public has some input in the less important matters, but the big decisions were taken up and made behind closed doors

In academic literature it is called “bounded pluralism.” Bounded pluralism; “...suggests that issues of high politics- largely economic questions – are decided within an elitist framework, but that most domestic, routine policies on health, education, transportation and housing are likely to be developed along pluralist lines, with some participation

of different groups at different stages of the policy process.”<sup>1</sup>

- “Legislators meet with you and say that you are right, then when the appropriations bill comes, they don’t do it. They really know how to punch their constituents’ buttons. You have to know how to lobby.”

### ⑦ **Leadership:**

The underlying belief was that policy development is purest when driven by some consensus from the general public. At the same time people believed that leaders have a responsibility in policy development. An effective mechanism of meeting the needs of the public by people in leadership positions was not articulated in these interviews. Yet, interviewees were able to describe examples of how the needs of the public were not secured.

**“Basically, I think those who are in control, the elected officials, are able to influence policy decisions.”**

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## Drivers

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- “For the vast majority of agencies that provide services, their minds are already made up... [even if] ...they hold a public hearing.”

There was more cynicism about the power of the public to drive policy development expressed by the interviewees who were working in environmental issues than interviewees working in public health. The exception being public health “hot-button” issues such as family planning, gun control and motorcycle helmet laws. Public health professionals and advocates working in those issues noted the power of lobbies to override policy recommendations from public health.

- “When making policy there tends to be a conflict of interest between financial versus human [interests].”

### ⑧ **Bureaucracies:**

Bureaucracies were labeled as barriers to public policy process and progress. Resistance to change is the position that bureaucracies take in the face of innovation.

- “The voice of advocates have been for so long crying in the wilderness. The worst thing a bureaucrat can do is change, as far as they are concerned.”

### ⑨ **Inaction or non-decisions:**

“Non-decision” is a form of decision-making. Non-decisions are noted in the policy literature when, “...issues remain latent, and fail to enter policy-making processes because they are against the interests of those in power.”<sup>2</sup>

- “A lot of times there isn’t anyone. That

is bad. There is a lot of ennui. I think that a lot of bureaucracies are so deep into a quagmire that there is little impetus to reform and attempt change. Unfortunately, there is a lot of that. It is... [about] seeing out side of the box... look at the broader picture. And they can’t do that.”

### ⑩ **Societal Drivers:**

The larger social environment was mentioned by several respondents as contributing to drive policy: racism, sexism and power (money). Power and sexism also defined issues and influenced the decisions made by legislators.

- “I think white separatism and sexism are the major negatives. In Louisiana we are at the bottom of so many social indicators and that drives the goals [of policy development].”
- “It [a transportation policy] was both an organizational and racial thing: New Orleans blacks having access to the parish [Jefferson Parish]. I said to council that I loved to hear that they thought that the transit system was so efficient that someone could use it for a getaway in a crime. The perceptions so often interfere with movement and progress.”
- “Drive it? I think that men drive it... no, it is money. I think money drives policy. ...men tend to think, ‘How is this going to help me?’ ...It is more, ‘My family is okay. Then everybody is okay.’ They [male legislators] don’t want to get into anything that is going to cost money nor do they care about anyone else. ...They think about con-

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<sup>1</sup> Walt G. Health Policy: An Introduction to Process and Power. Zed Books, London & New Jersey, 1996. pp 39.

<sup>2</sup> *ibid.*, pp 60.

tracts to engineers and architects. That is what they are interested in: lots of money... 'If I take care of my own people, then they can take care of theirs.' But everybody is not similar. For them the bigger picture is a highway legacy. Building... Money drives it, so that is how men think."

**Question: “Can you give an example of how you typically develop policy?” combined with the question, “Is there a model that you use when you are developing policy?” (i.e., Do you have a “best practices?”)**

**Summary -**

It might have been the wording of the question (“develop policy”), but only one policy developer who was interviewed spoke about the role of evaluation and feedback as a step in policy development.

Nearly all the policy developers felt the steps of policy development included: identifying the issue, information gathering, projecting the effect of the policy and including various people or groups affected by the policy.

Only one respondent mentioned the importance of the quality of the implementation of a policy in their description of a policy development process.

One of the interviewed policy developers spoke about evaluation and process indicators for their agency to improve efficiency. None mentioned monitoring the effect of a policy to see if it had achieved an objective. Nor did anyone mention the use of evaluation to feedback into policy development to improve or refine future policies.

Several respondents had broad guiding steps to policy development:

**“You have to have an issue... [policy] is issue driven. It doesn’t come out of a vacuum... There is a problem - something that has to be**

- “I can tell philosophically how it is done. Generally I start with a small group of people, then I gradually work out from there. Running the drafts past people, making changes until people are satisfied with what we have. The small group in the beginning is more likely to be experts in the field. The public is later in the process.”

- “You look at what you want to achieve. And then you start thinking of ways to achieve it. You talk to people.”

The process of developing policy was set out as:

- ① **An issue becomes important;**
- ② **The issue defines the development process;**
- ③ **People affected by the policy need to be included in the development;**
- ④ **Get information about the proposed policy;**
- ⑤ **Government agencies and agencies funded by government get involved;**
- ⑥ **Collaboration is needed;**
- ⑦ **Non-decisions interfere with organized policy development;**
- ⑧ **Special attention is paid in shaping the presentation of the policy when advocating support;**

## Process

⑨ **Piloting a policy among the constituency who will be affected can reduce opposition; and**

⑩ **There are models for policy development.**

A literature review identified several models for the steps in policy development. Except for the omissions noted earlier of evaluation and implementation, the models were similar to the steps that the policy developers say they followed.

**discussion of the above points -**

① **An issue becomes important:**

There are many ways that an issue is chosen for policy development: higher-ups define the issue; national offices provide them; an agency generates ideas from their own staff; public health is asked to represent one; or a group is convened to decide on issues.

- “Upper echelons may come up with an idea to achieve something.”
- “The national [office of our organization] provides issues for us.” and “Some policy is set by national agendas.”
- “Each year we ask for suggestions from the agency.” and “You have to talk to people, the staff at the regional level, at the advocacy level.”
- “Then there are people who would see [public health] as the route or conduit for proposals.”
- “We develop policy by convening other

organizations to discuss issues...”

② **The issue defines the development process:**

Once a policy topic is recognized, many people said the specific steps to develop it are determined by the issue.

“The best thing is to talk to the people who are influenced by policy in different ways... Then you also get the ones who are affected and their ideas as how to implement it.”

③ **People affected by the policy need to be included in the development:**

Policy developers said that the people who would be affected by the policy should be involved in the development. There were a few policy developers who also mentioned including the people who would be the ones responsible to implement a policy in the development.

- “The community needs to be there...”
- “Upper echelon’s may come up with an idea to achieve something. And they may be completely out of the ball park about the action they are trying to achieve. They have the idea, but the participants may know how to do it. You know, the guys and girls in the trenches say, ‘This isn’t going to work.’”
- “If you are making it, making policy, you want to take it to the people in the trenches. First the organization, and then an accepted chain of command. [Then] the people in the bottom doing it have to do it.”

## Process

### ④ Get information about the proposed policy:

Information is important for policy development.

- “We publicize information. Our efforts include forums and debates and even presentations. We gather the public together somewhere to give both sides of issue.”

Public health has several roles with information: directing backstage; providing information or costs about policy decisions.

- “...we [public health] take a back stage role. It is not us directly. Eventually, we have an idea and we have to get another interest group involved... We work through an interest group to reach the legislators. We provide data and act as a clearing-house about information.”
- “...they need to know the costs. In legislative testimonies, the costs are minimal. Our role is to tell the real costs... We have the authority to keep the debate sane. Those are the kinds of things [in which] ...public health has role.”
- “Government should try to shine light on the real costs. Often the societal costs are ignored... That is a benefit/risk decision. But in reality, the risk is not just to you... [It's] not just the financial costs. There are the emotional costs. A lot of what we try to do is inform the debate with those kinds of facts.”

**“It is clear to me that the decisions are made in the back room that [our] discussion is only the icing on the cake. The legislators have already made up their minds.”**

⑤ Government agencies and agencies funded by government get involved: In the public sector, the roles of government agencies in developing policy are to: improve, generate, or be the conduit for policy. There are clear limits, although frustrating, to the activities of organizations that use public funds concerning policy development.

- “What I can't do is spend Part-C Federal dollars for lobbying. I can't spend those dollars on lobbying efforts. We can educate. We can't do what the tobacco, alcohol or nursing home industry does. Which is kind of interesting, since they get federal funds like we do.”

· “The majority of the time, when someone drafts a bill we [a government agency] end up doing an impact statement and we amend what they are planning to do. We try to improve on what they have done.”

Government agencies are also the platform for other interested parties to launch policies.

- “Each year we [government agencies] ask for suggestions in the agency. We give everyone the idea that they could participate.”
- “There are people who would see [our agency] as the route or conduit for proposals... [We] would personally represent the policy and would delegate it to someone to make sure that it squared with other things that... [the] organization had done.”

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## Process

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### ⑥ Collaboration is needed:

Nearly all the policy developers spoke about the importance of collaboration. One developer mentioned a plan for organized agenda-setting for policy development for future legislative sessions:

- “You have to talk to people: the staff within, at the regional level, at the parish level, at the advocacy level. Here... there is a lot of talent... There are certain people I respect that I go to. I also go to those [entities] related to the issues... acting together to set up meetings to get key players from other shops. Then sort of finding ways to make things happen-funding, locating resources.”
- “Coalitions, task forces, cabinets, you have to get there yourself or get someone who knows how to work it... Communicate, keep talking and listening. You have to know when to let go of control. Let those [people] more appropriate handle things. You just have to let go sometimes.”
- “We develop policy by convening other organizations to discuss issues, to discuss current policies, evaluate current policy, determine what enhancements or changes, if any, would be beneficial and appropriate, and the steps to do that.”
- “[We are] ...in the process of developing a state wide advocacy council with

**“Passion is a big part of it not just for me personally but for those working here. You really have to believe in what you’re working for.”**

one member of each state representing a district to review the bills and set which bills will be pursued. We are moving towards [realizing] a body that will direct us.”

- “...we met at someone’s house... These were people involved with the nuts and bolts of policy. Some were people who raised money. We brought them all together and had a free flowing discussion about priorities. ...We used some models from other states. ...Then we followed up with legislators and people who were specialists... Then we had two of the legislators who met with us. We worked with their staff, to develop what we wanted to introduce. Then we worked with mayors, and went to meetings with cards to sign and mail to legislators. We had a series of meetings with legislators and wrote an op-ed piece that will be submitted to papers around the state. We had the insurance industry and some legislators on the insurance commission and now we are gearing up for a throw-down in two weeks. I like this kind of process.”

### ⑦ Non-decisions interfere with organized policy development:

Beyond all the possible ways that policy is developed, there are policies that are developed by default. It is when, “the dominant values, the accepted routes of the game, the existing power relations among groups, and the instruments of force, singly or in combi-



## Process

nation, effectively prevent certain grievances from developing into full-fledged issues, which call for decisions.”<sup>4</sup>

- “They needed this bill to allow the state to play on the equal level for pilot projects... Other states do this with much more limited statutes, an evil person could use this broad statute like this to any ends. Not to say that there are evil people out there. There were bigger fires to put out at the time, and no one was interested [in watching the bill so it became very broad]. The department said, ‘Don’t worry, trust us.’”

### ③ Special attention is paid in shaping the presentation of the policy when advocating support:

Several respondents described the need for advocacy with and knowledge about key decision-makers. In this age of the power of personality, policy developers search out dynamic people who might have a personal reason to support a policy. It is important to have accurate information about the policy, but the “sell” to the high level decision-makers is by “spinning” the issue to touch upon the topics that are meaningful to them.

- “First I try to learn about the issue... Then I learn about the players and the money that drives the men. To get the men in 1995, I went to [legislator’s name]. I got information from other state agencies... That caught his eye. ...You have to know what drives the individuals and appeal to them.”

**“The theoretical concept is that government doesn’t have any right to dictate what we do in our private time... The question is how much control & restriction is worth it? ...Then you can get, ‘The government is telling us what to do!’ ”**

- “You have to focus on the financial standpoint to appeal... If heart disease or breast cancer is in their families then they might be our allies [on that topic]. I influence people to our advantage. Then they can go with a passion and spread the financial standpoint of the issue. I build coalitions around that.”

- “One bill... My natural allies will be conservative legislators. My more liberal friends... [said] ‘Don’t push it.’ I know I will get the conservative legislators. I know this hits them where they tick.”

### ④ Piloting a policy among the constituency who will be affected can reduce opposition:

To combat “back room” politics, some policy developers first pilot examples of the policy in the field to provide information. This requires collaboration with people

<sup>3</sup> Gil D. Unraveling social policy: theory, analysis and political action towards social equity. Schenkman Books. VT 1992

<sup>4</sup> Ham C, Hill M. The policy process in the modern capitalist state, Wheatsheaf. Sussex. 1986.

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## Process

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who might originally be opposed to a policy. The results of the field tests are then used in advocacy.

- “It is also going to be done in the back room. Then, the real policy will have to be good enough, [since] the good will has already been built... It is important to involve a developer who is well- respected. It builds credibility. It is excruciatingly slow.”

### ⑩ **There are models for policy development:**

There are many models that describe the process of health policy development. There are four models that surfaced as the most succinct and accessible. The steps that policy developers used were the same as in the models, except, few developers included implementation or evaluation as a step in the process.

#### **Model A:**

Four steps to policy development (Walt):

- Problem identification and issue recognition
- Policy formulation
- Policy implementation
- Policy evaluation

*(Walt G. Health Policy: An introduction to process and power. Zed Books, London. 1996.)*

#### **Model B:**

Four steps to policy development (Kingdon):

- Setting the agenda
- Specification of alternatives from which a choice is to be made
- An authoritative choice among those specified alternatives

- Implementation of the decision

*(Kingdon J. Agendas, alternatives, and public policies. Little Brown & Company. Boston. 1984.)*

#### **Model C:**

Six steps for policy development (Hogwood and Gunn)

- Deciding to decide
- Deciding how to decide
- Issue identification
- Forecasting
- Evaluation and review
- Policy maintenance, succession or termination

*(Hogwood, Gunn. Policy Analysis for the Real World, Oxford University Press. Oxford. 1984.)*

#### **Model D:**

Five aspects of social policy analysis and development (Gil):

- Issues dealt with by the policy
- Objectives, value premises, theoretical positions, target segments, and substantive effects of the policy
- Implications of the policy for the operating and outcome variables of social policies
- Interactions of the policy with forces affecting social evolution
- Development of alternative social policies; comparison and evaluation

*(Gil D. Unraveling social policy: theory, analysis and political action towards social equity. Schenkman Books. VT. 1992)*

## Who should be involved

**Question: “Who or what do you think should be involved in making effective health/environmental policy?” (an additional probe)  
“Is there anyone or anything else that needs to be in place for health/environmental policy to be successful?”**

### Summary -

Policy developers answered this question with who should be at the table when developing policy, as well as some characteristics of the participants. Some people had broad categories of potential policy participants, others had an exact laundry list of agencies. The range of organizations and responsibilities was broad: government agencies, key government posts, elected officials, organizational structures, community members, advocates, implementers, special interest groups, people with relevant information, industries, funding and technical experts. Besides a list of important participants, most policy developers took care to describe how the table should be set: with diversity, and collaboration, and other attributes outlined below.

Who (or what) should be involved in policy development:

- ❶ **A good issue that brings people together is the first thing that has to be present;**
- ❷ **A broad range of official participants;**
- ❸ **A broad range of people affected by the policy;**

### ❹ **Collaboration;**

❺ **Diversity;**

❻ **People who have the power to make decisions;**

❼ **People who have to implement the policy;**

❽ **The community or clients who will benefit by the policy;**

❾ **Good information; and**

❿ **The funding;**

**Discussion of the above points -**

- ❶ **A good issue that brings people together is the first thing that has to be present;**

From the beginning, what got people to the policy development table was an issue and commitment. People had to believe that an issue was important for them.

- “An issue that engages is important. Something people feel vested in...”
- “A committed and core group willing to work hard...”

Not only does the issue play a part in defining who should be involved, but also the level of organization, such as city, parish or state.

- “Well, there are very different issues for cities and then for the State. For the

“I would say you need a combination. I think that you need advocacy on your side outside the state system and partners in other parts of state government.”

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## Who should be involved

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State DOTD, and groups for special needs DSS, welfare work, dollars are used, too... Talking about the city: the city administration, and the agencies in the city need to be there. The users groups are important. They are the ones who have a certain need."

### ② A broad range of official participants, depending on the issue:

The laundry list of agencies that should be at policy development discussions were mentioned with ease and familiarity.

- "EPA OPH DEQ DHH- governmental agencies, Natural Resources, Fisheries & Wildlife, the legislature, Congress, the state administration, the public sector and the administration.... Those are who I could think of. If I think long enough, I would come up with more."
- "DHH, OPH, the Attorney General, the Governor, the Speaker of the House, Health and Welfare Committee Chair, the Speaker of the Senate – rather, the President of the Senate, and the Health and Welfare Chair, the Louisiana Hospital Association, representatives of major health care groups for heart, lung and cancer... insurance."

**"People writing policy for heads of organizations need to be involved... and those that are going to make the change... You need buy in from the big guys and buy in from the people."**

### ③ A broad range of people affected by the policy:

There was a broad list of people who are affected by a policy under development.

- "...the people regulating the public, the agencies that will be elected to implement, services, planning, developers, the sanitarians, the major players – opponents and supporters... The academic community who don't mind getting their hands dirty."

### ④ Collaboration:

It was important to many interviewees to have collaboration with a diverse set of partners.

- "We realize the only way we can accomplish anything is to be together. So, in the last couple of years we have seen a lot more of collaboration. I mean genuine collabora-

tion. In the past everybody was concerned about their own agenda and not collaboration. It is not perfect, but it is a big improvement."

### ⑤ Diversity:

The theme of diversity and inclusion was touched upon throughout the interviews. Diversity is gender, race and expertise, too.

- "Have more women who are not afraid of their femininity. We need more women who are... strong and feminine. We know how to stretch a dollar. ...Women take care of others before

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## Who should be involved

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they take care of themselves. Men balance that. ...We have to not back away. Men have different prerogatives. We both need to be at the table. And not at a 10-to-1 ratio.”

- “...a diverse client, African-American, black ownership, legislative level, the people who have the data.”
- “...an inclusive process, the experts and legislators, the highest leaders.”
- “You have to analyze potential opposition as well as potential support.”
- “Who is missing are the legislators. We don’t do a good job of involving legislators. When they are in session they are too busy, when they are out, they are doing other things. It is hard to get access, and some of it is our fault.”

### **⑥ People who have the power to make decisions:**

There were many comments about the difference between people at a meeting and those people who really have the power to make decisions.

- “You have to have people, in my opinion, who can make decisions Sometimes they send someone to have there. ...but the people there don’t make any decision so they can’t make change... Change agents, not just their representative.”

### **⑦ People who have to implement the policy:**

The people who were going to have to put the policy into action should have their

knowledge and experience included in the development of policy.

- “Field people who implement policy, other program managers when it impacts their program, central office staff and when necessary the participants/patients that come in.”

### **⑧ The community or clients who will benefit by the policy:**

Policy developers went beyond diversity, and described how more communities needed to be involved. They sometimes stated that communities were experts in their needs. Communities needed to become better informed and have training to represent themselves with more strength.

- “...private health care needs to involve consumers... The general public needs to know more about health policy to understand it better.”
- “The informed community...”
- “Advocates who are open and knowledgeable.”
- “Louisiana needs to empower communities. They need to decide what they will look like in 5 to 10 years. What kind of industries do they want there, for instance?”

### **⑨ Good information:**

Information and the people who can interpret it need to be at the table, too.

- “...people with expertise...”
- “Transparency of information.”
- “The people who have the data.”

**⑩ The funding:**

Finally, several people mentioned the need for funding to be at the table. It was useless to discuss policy without the funds to be able to enact it.

- “Adequate funding.”

## Examples

**Question: “Can you describe a couple examples of policies that didn’t come out the way you had planned?” and “Why did that happen?”**

### Summary -

There were several themes on the reasons that policies did not come out as expected. Policies would not meet expectations when:

- ❶ **The community is ignored;**
- ❷ **There is a clash of ideologies;**
- ❸ **There is misinformation;**
- ❹ **There is a national/state disconnect with the circumstances of the local situation;**
- ❺ **There is a failure of leadership;**
- ❻ **There is a failure of appropriate information or technology; or even**
- ❼ **It is bad luck.**

These reasons are manifested in various ways: government inaction; back room deals; or challenges to authority, or policy that is made to satisfy someone who is not the named recipient of benefits of the policy.

### Discussion of the above points -

#### ❶ **The community is ignored:**

The community knows best, and left to their own purposes, they will be able to decide the policies best for them. If the community is ignored, then policies will

fail.

- “Failure to get input of the people who are impacted by the policies and it can be badly flawed.”
- “The insurance lobby and the commissioner were pulling for one model, Medicaid was pulling for the Medicaid model but no one was talking about what was good for the kids...”
- “If there is no vocal, or there is no informed spokespeople - policy will be made without them.”

The true needs of community are ignored in preference to other agendas.

- “When the RFP came back down, it said just the opposite [than we had advised]. ...DHH wanted this pilot process to succeed and they were afraid of the cost in it.”
- “One special interest prevails over the common good because of the power of its lobbying resources.”

#### ❷ **There is a clash of ideologies:**

Different groups have ideas of what is appropriate for the public’s good. A clash of ideologies of who or what should benefit from a policy will pit two sides against each other in positions where there is little

**“And the problem is also politicians being insensitive to the people who they represent. It is hard for small disenfranchised and poorly funded groups.”**

## Examples

room for compromise. Environmental policy developers mentioned this with emphasis. Public health professionals whose subject of responsibility was a “hot-button” topic (family planning, helmet laws, gun control, sexually transmitted disease and HIV prevention, etc.) also found themselves in pitched battles. Both groups felt the discussion on their topic was manipulated due to inaccurate information or misrepresentations.

- “The legislature exempted those in residential areas from any laws... pressure was put on the legislature by local communities and enforcement agencies... [to the contrary of the policy developers’ concept of good policy].”
- “People are afraid to take a stand on the issues that abstinence is an option. They can’t take the stand that truly responsible sex education includes abstinence and other preventive health care methods... Without discussing all those options integrated in sexual education you have an education that is totally unrealistic and irresponsible to young people.”
- “The gun issue is too hot. ...the role we take, if it is too vocal a stance, [it] will sink the whole ship.”

**“[It was] just money and power. Believe me There was just too much riding on this. Slidell would have done anything to get that potential tax money. There were Congressional calls to the Army Corps of Engineers. The politics of a few dozen people, even residents was not going to stop it. Federal jurisprudence is not immune to politics.”**

### ③ There is misinformation:

Misinformation was described in several ways. It was sometimes deliberate misinformation, and also the lack of engagement of the public to learn about a topic. The public’s lack of involvement leaves them open to be manipulated by other forces.

- “...an uninformed public. If there is no vocal or there is no informed spokesperson - policy will be made without them. Given that the educational level the public interest level is very low. It is a real barrier. Of course, special interest groups make their fights with well-funded specialists. They have professionals...”

### ④ There is a national/state disconnect with the circumstances of the local situation:

Some policy comes down from national offices or from the federal government. There is no guarantee that those policies will be viable for local implementation. In fact, the greater the distance, the less likely local

needs will be taken into consideration.

- “The policy makers are not in touch with reality so by the time it gets to the level of operation at the bottom, it doesn’t work in the reality of life or is contrary to law. [In this case,] it is against 5th Court of Circuit Law here, yet it is policy and we are supposed to do it.”



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## Examples

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- “The sheer size of government makes it an artificial creation. With the numbers of people in the USA, dealing with different ethnicities, the mix of conservatives and liberal... all the diversity... It is a national policy but it doesn’t fit here. It won’t work.”

### ⑤ **There is a failure of leadership:**

The will of leaders also control the direction of policy development.

- “This happened because the administration changed. The old group dragged its feet, and the new group was not interested.”
- “...You can’t separate policy and funding. Revenue is so bad that cuts have to be made, it seems that only health and education are cut... The person in power will promote what he wants.”

It is important to be known and respected by leaders to develop good policy. Some policy developers felt frustrated at the physical or physiological distance between them, the policy experts, and the decision makers.

- “The distance between here [New Orleans] and Baton Rouge for me is a frustration. It is hard to get up there and get to know people.”

### ⑥ **There is a failure of appropriate information or technology:**

A policy that did not work may have suffered from being ahead of the technology that can implement it.

- “The Office of Public Health attempted to do this in their lab from a blood spot mailed to their lab. The problem was

that heat damaged the blood spot, falsifying results. Testing was stopped, but doctors were being held liable because OPH was still listing [it] on the screening list but infants were not being tested. It had to be removed from the law because the state couldn’t offer it.”

### ⑦ **Its just bad luck:**

Sometimes, the failure of a policy is just bad luck and beyond the control of anyone.

- “This is nitty-gritty [about why I lost this vote]. There were other people in their committee meetings who would not come out to vote. And the vote took place at the same time that the fire alarm went off.”

**Question: “How can the problems in health/environmental policy development be fixed?” (probe for structural changes)**

**Summary -**

The policy developers who were interviewed had clear ideas about how to improve health and environmental policy development. At points throughout the interviews, people spoke about the good things that had happened. Interviewees were encouraged by the changes that have been made, and realistic about the speed in which they can be made.

- “This is about long term systems change. It is incremental. A little here, a little there. I have been involved in this for over 25 years. The change has really been marvelous. Compared to the old system. Policies in the past, now as I see them they are so much better. It is very rewarding.”
- “When I feel good about what we have accomplished it is due to legislative education...”

To remedy the problems in health and environmental policy development in Louisiana:

“The corporate interests controls politics in Louisiana. And a lot of them are from out of state. Their whole mission as outsiders is to tell us from outside how to do things. They take resources directly to New York, Chicago, or to Japan or whatever. And we end up fighting over what is left over.”

- ① Work with legislators;
- ② Reform leadership;
- ③ Reform government agencies;
- ④ Reform civil service;
- ⑤ Evaluate legislation;
- ⑥ Include more diversity;
- ⑦ Create an informed public and empowered communities;
- ⑧ Develop more proactive policies by convening policy forums;
- ⑨ Provide more good information; and
- ⑩ Strengthen public health and invest in training.

**Discussion of the above points -**

① Work with legislators;

One of the problems policy developers claimed was Louisiana elected officials. Elected officials were drawn away from the needs of their constituents by competing interests.

- “...the respect for public input and the seriousness that government needs to take for responsibility for the public

## The fixes

trust. It is like officials get elected and then they lose interest in the public.”

The cure for it, according to the interviewees, is a new kind of elected official who is true to the needs of the people who they represent. Voters have to be better informed about legislators. Legislators need to adhere to their constituents’ best interests. Constituents need to hold legislators accountable.

- “Elect real people. Elect people who are willing to tell certain people that we are going to do what is best for the community.”

The need for a new kind of accountability in elected officials is not a “pie-in-the-sky” endeavour. It is possible with education, marketing and better information.

- “The legislature needs to have a better understanding...”
- “...enhance the leadership potential in management. Folks in higher leadership positions need to be given the room to be leaders... more forums with legislators, organized forums for the purpose of influencing legislative health policy. Leaders who are seen to enlighten the debate.”

Careful oversight by the public of the activities of elected officials is also important. If an elected official believes he or she is being observed, they will be more responsive to support the needs of their community.

**“A problem is the public officials who have narrow interests of their own. And then there are some who are only interested in their own election... It is on the local level, too. All those same factors are**

- “...there needs to be some “sunshine bills” in how things are handled. As well as the bills on the world wide web, there should be more information about bills, and the tally of the votes and who voted. And information about the results in meetings between sessions. Maybe there should be a issue specific newsletter to keep people informed.”

- “The legislature in Baton Rouge has to be more user-friendly. There are some important improvements with web access to the bills that are submitted and in committee.”

Citizens have to believe that they have a role to play.

- “Encourage more citizens to become involved in advocacy so that

their voices can be heard. Bad stuff happens because the people that are affected are not heard... People need to become more engaged and this has to be done as easy as possible.”

### ② Reform leadership:

Many comments during the interviews referred to sweeping reforms or philosophical changes in leadership positions.

- “Leadership and getting rid of corruption. The problem is really difficult to solve, it’s a spiral. We already have those in office because of corruption, it’s a cycle. We need a wave of reform. It takes someone with money and vision

## The fixes

and it is a hard problem to solve.”

- “I think you have to make an investment to set up local leadership... You need to fix local leadership, invest money and resources at the local or parish level.”
- “I think we don’t have local leadership at the parish level. We are missing community involvement and support-board of health advocates. People try to use the police jury for their needs in health. But, there is a lack of local leadership...”

### ⑤ **Reform government agencies:**

Many policy developers mentioned that government agencies need to be accountable to their expenditure of public money.

Agencies need to have mechanisms to measure their improvement and performance.

- “There is no substitute for strengthening the day-to-day actions of people... in health agencies. Employees can flesh out important policy and give managers the opportunity to spend time and energy on policy implementation.”
- “Anything that helps us with a stronger work-force helps us in policy. Management reports, feedback and retention of good leadership is important. By taking care of little things you take care of the bigger ones.”
- “Accountability. Some bureaucracies

are so politically controlled that it clouds everything.”

Streamlining agencies to make them more responsive and flexible was another solution proposed by policy developers. An example of making agencies more lean was OPH and DHH, where the goals are different for the two.

- “...personally I think that OPH needs to be out from under DHH. If anyone in OPH wants to talk with someone in authority in Baton Rouge, they have to go through DHH. Medicaid is the 800-pound gorilla that is looking for a place to be. And if there is a conflict with Medicaid then OPH always loses.”

Government agencies need to do business differently, be more

responsive, and to be connected at a local level.

- “We seem to want people to come to us. We need to go to them. Go to public meetings. Why not have a block party and show what the state can offer? The attitude is, ‘We don’t need state government. What do they ever do for us?’”
- “...the orientation on customers and consumers and paying attention to the little things to show why they need to value what we [state agencies] do is important. We need support at the local level... and everything we can do to promote us and to build support.”

**“Well, it is like Lester Maddox said when asked, “How do you improve the prison system in Georgia?” “Better quality prisoners.” We need legislators who are more in-tuned with needs of people.”**

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## The fixes

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### ④ Reform civil service:

The feelings of policy developers ran high on the topic of Civil Service.

- “I think Civil Service is destroying institutions... There are no consequences for lack of action or no action. I don’t see that changing. There needs to be an incentive for employees in any agency or entity to come up with new ideas and approaches. That is not the case at all.
- “As far as structural changes, we must reform throughout out the Civil Service system. This is the biggest structural barrier to effective policy making. It’s an archaic system that prevents the hiring of professionals.”

### ⑤ Evaluate legislation:

Several interviewees mentioned a need to evaluate legislation.

- “It is because of loop-holes and is in the fault with actual legislation.”

### ⑥ Include more diversity:

Most developers recognized that diversity was a strength. There were many comments throughout the interviews about including more and different points of view.

- “I would have at my table, as many conflicting groups as I could get. Even

if they were not going my direction...

You try to bring as many people at the conference table. And there will be name-calling and finger-pointing and you try to hear as many sides as possible.”

The quest for diversity did not stop at getting a greater mix of public involved. It included diversity at the decision-making level as an important goal.

- “It is important to have, at the legislative level, ...a mix of blacks and whites at the table. ...[and] the people who have the data. And we need the network into the targets of change.”

- “Elect more smart people to the legislature.”

- “Women make up only 11% of the Louisiana legislature. We aren’t on significant committees such as the monetary... Our issues get pushed aside. We are not a chairman on a significant committee. ...And our policies are not in consider-

ation because of that. Women could be powerful but we are afraid to push issues. We don’t want to be called a “women’s libber.” A lot of that is due to our training here in the South.”

Policy developers also recognized that there was the need for different kinds of skills to be included.

- “I help implement it. I am more of a doer. I am not a visionary. I have plenty of people who are visionaries and I use them because you need both.”

**“No, I don’t have a fix. In fact, in a way it is better not to have one. In government you want flexibility. You want flexibility. You want a certain amount of chaos and anonymity. For the masses, jumping power bases is really good. We don’t need**

## The fixes

### ⑦ **Create an informed public and empowered communities:**

Another common theme through all the interviews was that an active, well-informed public can prevent many problems in policy development. It will take some intervention to energize the public.

- “One fix is a well-informed public and them being active.”
- “Recipients of services have to become more active. Most people with disabilities are happy with the crumbs that fall from the table. ...they don’t speak up. They are afraid of rocking the boat. There has to be true advocates.”
- “...you can get people to be active. If you can get them to the legislative sessions...”

Policy developers believed that communities would be capable of carrying and organizing some of the social service burden that had been given to agencies. Communities could rise to the occasion to carry their own message to government.

- “We have to change attitudes and that will come from more local input and shifting responsibilities from the state to the communities. Communities will have to take care of their own problems. We need to have advocacy groups that understand what we do and use the

legislative process to support us. At the grassroots, local level we need representatives and advocates to help us to get the support to keep the infrastructure that we need.”

- “The big one is that the community has to have more control. I keep saying is that there is so much fear in the community because they have no control over the process. And when they feel that they have no control, then there is elevated fear. Neighborhood activists have to have leadership. They have to be empowered.”

**“...the orientation on customers and consumers and paying attention to the little things to show why they need to value what we do is important. We need support at the local level... and everything we can do to promote us and to build support.”**

### ⑧ **Develop more proactive policies by convening policy forums:**

Several people spoke about a forum for policy. One example was the MCH Coalition and another was a now disbanded group that met on disability issues.

- “I want to get some folks who have common interests, industry, govern-

ment, and other people to get a small group of people together and see what they might propose to do.”

- “I think that what they need, and what I will go to my death working on, is a coalition in environment and in health care and in civil rights and in reproductive freedom. We need to have coalition activities to put people in policy-making who are not single issue people. We

shoot ourselves in the foot on single issues.”

- “If these community members are angry enough, and they are willing, they can influence policy and contact people. We are getting together to organize now. We are making it important...”
- “[We are] ...in the process of developing a state wide advocacy council with one member of each state representing a district to review the bills and set which bills will be pursued. We are moving towards a body that will direct us.”

**⑨ Provide more good information:**

One developer recommended to evaluate policies. In order to participate in evaluations there needs to be good data and people who know how to use it.

- “In many sections we don’t have the epidemiological capacity. Who wants a legislator calling when you can’t deliver the information. That is total defeat. You have to be able to deliver that information... Some of it is the need for capacity building to provide that information in a credible way. It is extremely important to have good data. And it takes many years to develop it.”

People believed if good data was used it would elevate the policy discussion. There was a strong belief in the power of information.

- “...there is a ton of information that companies have to report by law and regulation. You can spend your life looking at the shelves of ring binders of information that has been reported of all the permitted forces in the state. If you

required all that the data was reported electronically then you could have a map come up of facility “X” with little dots... Then you can pull up information from a specific ...point over all reported times. Real over time comparisons of performance on your home computer.”

- “It is my strong belief if this agency can finally get to the point where every employee knows how they themselves or their unit is performing, if they can get valid information in a timely or recurring manner...”
- “If your information is good, credible people will want to be briefed. They will be briefed before they go in to the “back room.” The information and data can inform the back room deal-making... They [legislators] need and want help figuring out the right thing to do.”
- “I think the main thing for us [public health] is to be much more visible as the central purveyors of information... we haven’t been visible enough and need better marketing.”

Nearly every interviewee mentioned the need for valid, reliable data that people could understand at different levels and at different points in the policy development process. They peppered their stories with examples of how data had made an impact.

- “The Health and Welfare Committee is armed with the new data... Data has tremendous power in the political department. No one realizes what we have with the data. That is what we should be doing, providing data for the policy debate.”

Information alone is not enough. Someone needs to understand the data, and be able to

use it as a tool in persuasion.

- “Science in this state is political. You have to have some academics who enjoy it on your side. Not all do. ‘Here is the data, you make the policy,’ is not successful in Louisiana.”
- “The agency [Office of Public Health] is seen as an expert. And policy is driven by personality and by data. ...If the health director is not an expert or if he can’t trust his sense of things, then the most exquisitely designed piece of information will not be strong. The issue will win by anecdote not by data.”

Evaluation of policy is also a form of information. Without some form of oversight or evaluation the effectiveness of a policy can not be understood.

- “The bottom line is that government and legislation vote on policy. The other part [of the picture] is implementation - whether it happens or not.”
- “There are plenty of rules on the books. The common problem is enforcing the rules, and that requires lots of staff, lots of money and a political will that is lacking in Louisiana.”
- “[We] should take policies and do an evaluation so that you have a hard copy that you can take to someone and say that this is what we’ve done...”

It is not only the data, but how it is communicated that will make information a useful tool in policy development.

- “The squeaky wheel gets the grease. If you have a message but don’t know how to get heard, then it has no impact.”

#### ⑩ **Strengthen public health and invest in training:**

There was a strong belief in public health as the agenda setter. Policy developers believed that people needed to be made aware of public health principles to reorient the policy discussion towards a better end.

- “Some of this is fixed by reeducation. In some ways we have to start all over again and discuss why... prevention is important. We cannot be intimidated by certain groups who, for political reasons, oppose sound public health policy. We have to keep in mind that we know what the facts are. We need to keep that in mind and not back down. We have to be proactive in getting that message to policy makers and to the community-at-large. We have to present the true facts.”
- “If the community has been educated, they should be a necessary part of public health and know the terms.”
- “The general public needs to know more about health policy to understand it better.”

Comments about training ran the gamut from specific organizational development skills to broad skills like advocacy. Not many existing trainings were mentioned, as much as the gaps in skills were.

#### *Organizational development:*

- “Some organizations just don’t know where to get funding. ...There is money out there you just have to know where to look. As far as getting grants you really have to know how to write a grant, you have to have real specific goals and objectives.”



*Advocacy:*

- “You have to educate people, have the message clearly defined. You have officials less intelligent than the general population. You have to have good educational materials and the ability to spread them around... [It is] good public relations. You have to have a core of people strategically located who can deliver information, have people trained in public relations to raise public awareness. You must also be able to show results, have something visible for the voting public to support, have supporting documentation.”

*Local needs:*

- “At the grassroots level, they can’t use the data. Lots can’t use it because we have one of the worst dropout and illiteracy rates in the nation. It affects our knowledge base and the capacity of the people to understand the data. And then you have people who should know better but it is about their value system.”

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## **Talking to the Turning Point Coordinators**

### **The questionnaire**

- How is “health policy” being approached in your state Turning Point Initiative?
- What is your state doing to assess “health information”?
- What is your state doing for public input into the Turning Point process?
- How is your state organized in terms of the structure of the work groups?

**Question: “How is ‘health policy’ being approached in other Turning Point Initiative states?”**

**Summary -**

- ❶ **Making an audit of existing statutes and laws;**
- ❷ **Evaluate policy through a set of prioritized issues;**
- ❸ **Evaluate policy as one of the objectives of other work groups;**
- ❹ **Evaluate policy through a scenario of the future.**

**Discussion of the above points -**

- ❶ **Making an audit of existing statutes and laws, which has been done by two states – either as part of the assessment or as part of the strategies:**
  - **Alaska:** “...hired a consultant to assist the Alaska Public Health Improvement Partnership in developing an understanding of the current constitutional and legal structure for public health powers in Alaska, with a view to improving the legal infrastructure... His charge is to conduct an assessment of the constitutional, statutory and regulatory basis for public health powers in Alaska...”
  - **Kansas:** “...retained a Public Health lawyer who made an inventory of the public health statutes... several public policy and political consultants will be hired to help draft a plan for making improvements to laws and statutes. This consultancy will help devise approaches to the legislature so that KS can engage the state legislature well informed and prepared.”

- **North Carolina:** “The statute review will be discussed in the Summit [a large meeting convened in the Fall].”
- **Oklahoma:** “They are now involved in a comprehensive review of state policy and statutes that may inhibit state health policy initiatives. The policy group is not reviewing controversial legislation, but factors that prevent communities from taking action. For instance, state preemption laws, which prohibit communities from passing strong ordinances on tobacco...”
- ❷ **Evaluate policy through a set of prioritized issues:**
  - **Arizona:** “...decided to approach policy defined by a set of issues. They held meetings and asked a variety of Health Department programs to present information to them...”
- ❸ **Evaluate policy as one of the objectives of other work groups:**
  - **Illinois:** “Although the original Turning Point announcement anticipated an assessment of state statutes, that has not yet surfaced in Illinois. It is likely that statutes and laws may be considered when interventions are examined later in the process.”
  - **Nebraska:** “There is discussion of policy items at each meeting. Hot legislative issues are debated... The Stakeholders’ Group meetings also include a discussion of local policy issues that are presented by representatives of community coalitions.”

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## Interviews with Turning Point Coordinators

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- **New Hampshire:** "...all the other groups have an implicit mandate, the question of the role of policy to adopt changes."
- **New York:** "NY does not have a group on 'policy' per se. Their 'policy group' is actually broken up into all the other groups, as a topic under all the other groups."
- **North Carolina:** "In terms of policy, NC does not have health policy in a separate group. It will be a part of every groups' objective to take observations and make recommendations about the salient aspects of policy."
- **Oregon:** "Policy hasn't been identified as a separate strategy or group. There will be health policy discussed in all the groups... Each work group will identify the laws that may be impacted by specific recommendations."

### ④ Evaluate policy through a scenario of the future:

- **Arizona:** "...took a look at a visioning that was done by the Steering Committee, where they produced a document describing how AZ will look in 2010, and policy issues in the future."

### *Question: Where are the states in the process of assessing health policy?*

- **Louisiana:** "...conducting in-depth interviews with key policy makers, implementers and regulators to document, in comparison to "best practices" with how it is actually done. The group is illustrating examples of the real world of policy making with case studies, some of which show good and some ineffective policy."
- **Montana:** "...through a survey see the

public's perceptions of public health law. There is no model public health law so MT tried to see how key players perceived present law."

- **Virginia:** "The first year of the grant, VA gained a sense of what they needed to look at in greater detail... Now they are engaged in an internal assessment of central and district office functions. The question they are investigating now is how well they are carrying out the three core functions of public health (the 10 essential practices, too)."

### **Observations:**

- If the states don't have a group set up for policy, they are planning to address policy later. The policy assessment results from other groups' priorities.
  - **New Hampshire:** "Ultimately, health policy will need to be considered in any of the implementation and final institution of health improvements."
  - **Oklahoma:** "The legislature/policy group is laying the work for next year and will have specific actions for the legislature for next year."
- There are some observations from states that impact all the others. Some recommendations can be supported by other states.
  - **Alaska:** "The Alaska work group is currently investigating the possibility of obtaining funding through CDC and RWJ to support a project to develop a set of model public health laws for states."
- There is a lot of misunderstanding and mixed vocabularies about policy. There needs to be some common knowledge across all the partners and players.
  - **Montana:** "MT found out there was

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## Interviews with Turning Point Coordinators

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a really strong need to teach about public health law.”

- Many states had good communications between their groups. This helped them from becoming isolated or categorical in their assessments.

**Question: “What are the Turning Point Initiative states doing for health information?”**

**Summary -**

- ❶ **Ensuring appropriate information systems are in place;**
- ❷ **Creating ways to link data and community groups; and**
- ❸ **Developing indicators.**

❶ **Ensuring appropriate information systems are in place:**

- **Kansas:** “Another task of the information group was to brainstorm an ideal architecture for an internal information system.”
- **Virginia:** “...VA was trying to integrate an on-line, nearly real-time information retrieval system. They were looking at creating a data warehouse...”

❷ **Creating ways to link data and community groups:**

- **Louisiana:** “...They are identifying which sets are available which are accessible as well as ‘user-friendly’ for the local level.”
- **Montana:** “...is looking at the integration of data information. For instance, linking WIC to Family Planning and the database about nurse home visits.”
- **Oklahoma:** “The data work group is looking at how to make data accessible at the local level. They are interested in how to get local data, how to break data down to local information. They want to provide information to communities so they can use it in their planning.”
- **Nebraska:** “You can’t do planning

without having information’... Some of the outcomes will be updated county profiles and hopefully a data warehouse. This information is for communities to use when doing planning.”

❸ **Developing indicators:**

- **Alaska:** “...development of a standardized health status indicator set of the state...”
- **Louisiana:** “...They are also identifying some important indicators.”

**Observations:**

- Overall, most states are still in the planning stages.
- Most states are doing an audit of existing data sources. Some times there is identification of nontraditional sources.
- Although all are interested in bringing data to the community level and increasing accessibility, few have taken concrete steps towards ensuring that this happens.
- Not many states have tried to do a community assessment of what form of data is needed.
- There may be more variety in activities when strategies are developed.
- Coordinated information systems are needed.

**Question: “What are the Turning Point Initiative states doing for public input?”**

**Summary -**

- ① **There is a work group specifically for public input;**
- ② **All meetings are public, and that is public input;**
  - Kansas: “All meetings were open to the public.”
  - Montana: “For public input, each meeting for the task force has a time for public comments. The public is invited to all the meetings.”
- ③ **Work groups and committee members were recruited to be from diverse backgrounds and therefore, represent the public;**
- ④ **The partnerships are part of public input;**
- ⑤ **Each work group will be devising plans for public input before the draft of Public Health Improvement Plan;**
- ⑥ **The public will be engaged for the final Public Health Improvement Plan; and**
- ⑦ **There are other mechanisms for public input.**

**Discussion of the above points -**

- ① **There is a work group specifically for public input:**
  - Alaska: “...one we call ‘Engaging the Public.’ This work group has three goals: educating the public about the public health system, involving the public in the public health improvement process and developing recommendations for making changes in our public health system that will give the public more input into public health policy-making.”
  - Montana: “The Marketing Committee will be working on a strategic marketing plan to inform the public about the importance and need for public health.”
- ② **All meetings are public, and that is public input:**
  - Illinois: “For public input, IL started with a broad base of people engaged in the Steering Committee and the work groups.”
  - Kansas: “There was no formal system to grapple with general public input. This is balanced with the fact that each group had a diverse set of members...”
  - Nebraska: “One way that NE achieves public input is that the committees are diverse. There has been great effort to bring in a variety of other people to participate on the committees.”
  - New Hampshire: “As for public input, all the work groups have diverse set of members. Many communities are represented through participation with the work group of one of their community members. All of the meetings are open to the public. And the local grantees are active in work groups. They have the closest contact with the general public.
- ③ **Work groups and committee members were recruited from diverse backgrounds and therefore, represent the public:**

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④ **The partnerships are part of public input:**

- Oklahoma: “There is a lot of information sharing. The partnerships share the information to their audiences. In the state plan, the partnerships are public input.”

⑤ **Each work group will be devising plans for public input before the draft of Public Health Improvement Plan:**

- Louisiana: “For public input, each group is devising ways that the public can give information.”
- New Hampshire: “...there will still be discussion on public input for the final improvement plan.”
- Oregon: “...it is within the responsibility of individual work groups to address. Most likely groups will identify need for input from selected populations or groups. The state Steering Committee will devise a strategy for public input on the final draft Public Health Improvement Plan.”

⑥ **The public will be engaged for the final Public Health Improvement Plan; and**

- Illinois: “There will also be about six state locations where the draft document will be presented in some kind of public forum.”
- Oklahoma: “[after the] ...health improvement plan is put together there will be another strategy to get public input directly. They will use the website, the partners and other forms of meetings or reviews.”

⑦ **There are other mechanisms for public input:**

- New Mexico: “In regards to public input, Turning Point is with eight communities. There is now a department-wide initiative ‘Community-Health 2000’ to apply the Turning Point principles in broader terms across NM.”
- North Carolina: “The governor is involved with incorporating the Healthy People 2010 objectives. He will use the data from [a] study to guide the priorities. His objective, which predates Turning Point, is to do assessments, identify priorities and to engage communities in planning and evaluation from as broad of a base of the community as possible.”
  - “They are using a two-staged Delphi method that will eventually have 1,000 to 1,500 records. The question for the Delphi is to list the top fifteen quality of life concerns.”
  - “Turning Point has provided that logical bridge where community input now has a channel. There had been attempts to institutionalize public input, but until Turning Point, it hadn’t affected how the state was listening.”
- Virginia: “For public input, VA has conducted a series of activities to reach out about the health concerns of the public and of stakeholders and about the future role of public health and public health priorities.”
  - a state-wide telephone survey;
  - presentations: at town councils, advisory boards, annual executive meetings, associations, etc.;
  - focus groups: with local city government, advocates and host of other key players;
  - regional forums: seven around the



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state that were both educational and explored the public's view of the current roles and responsibilities of public health. Additionally, the forums were about the public's health concerns and what they thought the future roles and responsibilities of public health were.

### ***Observations:***

- Louisiana:
  - Access is planning a couple of focus groups with users, nonusers, providers.
  - Prevention will be conducting community forums and other forms of qualitative research.
  - Health information might be doing something like - interview the people who use, need or want data, such as grant writers, community organizers, policy-makers, and the media.
  - Policy will interview policy-makers, legislators, regulators, implementers of policy.
- Every state has struggled to get to the public:
  - VA felt they were successful reaching out to the individuals who represent health care providers, health interests and other who are already working to improve the health of the community. What they have had to work harder at is capturing the general public

**Question: “What is the structure of the Turning Point Initiative work groups in other states?”**

**Summary -**

**Alaska:**

“AK Turning Point has recently organized four strategic planning work groups

- Public Health Infrastructure;
- Public Health Data Systems; and
- Engaging the Public.

The fourth work group is focusing on developing recommendations for improving coordination and collaboration between the public health sector and mental health, substance abuse, and environmental health sectors.”

**Illinois:**

“IL has three work groups:

- Health Care Systems Integration - focusing on primary, secondary, and tertiary prevention;
- Community Health Improvement - on the improvement of health status and the performance of health services at the community level; and
- Performance Monitoring - by considering monitoring an administrative function of the expanded health system [more of an internal function].”

**Kansas:**

“KS Turning Point organized their work groups based on eight separate topics:

- Effective Public Health Organization;
- Finance;
- Work-force Issues;
- Information Systems;
- Environment;
- Health Status;
- Linkages and Partnerships;

- Statutes and Legal Issues.”

**Louisiana:**

“LA has broken up into five work groups:

- Policy Development;
- Health Assessment;
- Assurance/Access to Services;
- Prevention and Health Promotion; and
- Marketing.”

**Montana:**

“The MT work groups are organized as:

- Public Health Law;
- Capacity Assessment;
- Finance/Sustainability;
- Expenditure Reporting;
- Public Health Training Institute; and
- Marketing.”

**Nebraska:**

“NE has decided to break their tasks into five roles:

- Community Planning;
- Prevention;
- Environment;
- Infrastructure and Core Function Group; and
- Minority Health.”

**New Hampshire:**

“NH identified a final set of work groups:

- Public Health Infrastructure;
- Forwarding the Prevention Agenda; and
- Assessment.

**North Carolina:**

“NC identified two state committees:

- Steering Committee

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- Executive Committee

There are four work groups:

- Public Health Awareness and Communications;
- Strategic Planning;
- Assessment; and
- Summit Planning Committee.”

**New Mexico:**

“As it stands now, the task groups for NM are:

- Native-American;
- Increasing Minority Participation;
- Assessment and Outcomes;
- Environmental Health; and
- Policy and Research – being formed.”

**New York:**

“NY groups are:

- Information;
- Capacity Building;
- Strategic Planning (with recommendations for local health departments); and
- Public Relations.”

**Oklahoma:**

“OK has five stateside work groups:

- Legislative/Policy;
- Community/Education;
- Training;
- Data; and
- State/Local Collaboration.”

**Oregon:**

“OR has groups broken down by the original objectives of:

- Roles and Responsibilities,
- Funding,
- Structure,
- Partnerships, and
- Capacity.”

## What is Turning Point?

### **What is Turning Point?**

- It's a national initiative funded by grants through Robert Wood Johnson and the WK Kellogg Foundations. For Louisiana, it represents a statewide effort to increase the quality of life for all our residents.
- At the local level, through three separate grants to various Louisiana coalitions, Turning Point is about a community-driven health improvement process.
- In it's broadest sense, Turning Point is about public health agencies and practitioners joining hands with a variety of partners in order to expand the notion of who is supposed to do the work of improving the public's health status.

### **Why Does Louisiana Need a Turning Point Program?**

- Turning Point is necessary in order to get more people to work together, increasing our ability to perform important prevention and health promotion activities for the betterment of the state.
- There are certain activities that are currently being done in Louisiana, but that we need to do better:
  - Preventing illness and promoting good health;
  - Developing policies that enhance our ability to be healthy;
  - Making sure that people have access to basic, quality medical care;
  - Determining who is getting sick, who isn't and why this is so.
- Some of the activities that need to be

done better have to be approached through other channels to be effective. For instance, economic betterment changes health status of a community. Louisiana needs partnerships to make changes.

### **Why are partnerships so crucial to the success of Turning Point?**

- The health system in America has a complex history, which has today produced a fragmented system that is not functioning in the most efficient, effective manner. Simply put, not everyone who is involved in your health care is talking to and working with one another.
- There are plenty of people in the health system who are trying to make improvements, but they are not necessarily doing this in a cooperative effort. At its core, Turning Point attempts to join the hands of all those working to improve the health of Louisiana citizens, including those who work in the health system, as well as those who may not see themselves as connected to health care, but who do make an impact on it.
- Turning Point recognizes that there are more people who can help improve our state's health status who are not involved in the process currently, for example people who work in education, economic development, the faith community and more.

### **How will Turning Point work – what are**

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**our strategies?**

- Turning Point will create a connected network of people who are working collectively to improve our system. This will allow the health system to work more efficiently, effectively and with refreshed perspective and ideas about how to accomplish our work. Because the health system does not work in a vacuum, but is always affected and interacting with other disciplines, we need to work together.

**If Turning Point is successful, what will Louisiana's health system look like?**

- Essentially, we're aiming for the creation of a health system without walls, without barriers that prevent people and communities from being as healthy as they can be.
- We can't say what it would look like entirely, because it will be the collective voice of the partnership that decides. If you look at it like a mosaic, then each person involved will contribute a paint stroke that shapes the picture of our future health.

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## Appendix 2

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### Key Beliefs of policy developers interviewed for the TP policy assessment:

**Key Points:**

There were several beliefs that were shared by the interviewees. These beliefs were the foundation of the further observations and conclusions drawn by the policy developers during the interview.

**Community is the gold standard:**

The community knows best. If policies reflect community needs, then it is good policy.

**Information:**

Information is powerful. Valid, reliable and clearly presented data would clean up the “backroom” policy making process. Interviewees were reluctant to admit that information might not always be successful in improving policy.

There isn’t enough information. Much of the information that is available is in a format that is difficult to understand. It is the responsibility of public health to provide information that can be understood.

Information will lead communities. If they have information that is understandable, it will help them set their priorities and motivate them into action.

**Training:**

Trainings can change policy development:

- Communities with trained advocates can represent their needs to the legislature.
- The legislature trained by experts can make policies driven by information.
- Information experts trained in communications can present data so people can use it for decisions.
- Office of Public Health, if trained, can

provided valid reliable information and can use performance standards to execute their activities efficiently.

**Surveillance:**

If leaders and elected officials know that they are being observed by their constituents, they will better heed their needs. Since the community’s needs are the gold standard, keeping leaders and elected officials true to them would make better policy, government and eventually better living circumstances for the public.

**Leaders:**

Leaders are custodians of the public trust. Their responsibility is to keep true to the needs of their public, to whom they are ultimately accountable. Agencies, elected bodies and civil service must have at their highest priority the public good. Systems need to keep the public good as the ultimate goal. Some leaders often put the needs of influential and persuasive entities ahead of the community’s. This kind of policy is not for the benefit for the public’s good, and is therefore poor policy.

**Accountability:**

Accountability was a recurring theme. Communities need to take responsibility for their own welfare, elected officials take responsibility for their constituents, public health for providing good information, and agencies for engaging and respecting public input.

**Collaboration and diversity:**

It takes the weight of many strong voices to bring about change. Advocates working to influence decisions are more effective when in organized concert with an agreed upon agenda working from diverse directions

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towards the same goal.

**Evaluation (absence of mention):**

In the interviews, “policy development” did not include evaluation. None of the interviewees mentioned evaluation as one of the steps of policy development, except for internal agency policy. Internal agency evaluation of programs and employees was an important to guide agency performance.